2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

SIGNATURE: Jame B. Johnson
SIGNATURE and Typed OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

DOCUMENT # L04000026388

1. Entity Namo

JOHNSON ENTERPRISES / LOU'S AUTO SALES & ANTIQUE AUTO PARTS, LLC



FILED
Mar 30, 2007 08:00 AM
Secretary of State

Principal Plac	ce of Business	Mailing Addross								
10235 U.S. HIGHWAY 92 EAST		6631 TRAVIS BOULEVARD			į					
TAMPA FL 33610		TAMPA FL 33610				ESULU BA SISH LUM CIH	21 11 24 122t		ATTER HE BER	
2. Principal F	Place of Business - No P.O. Box #	3. Mailing Address		•		######################################	BON BUIL BOND HOLD			
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Suito, Apt. #, etc.		Suite, Apt. #, etc.			1	1st MOORE CR2E083 (10/06)				
City & Stato		City & Stato	•	4. FEI Num	ber 43-20498	395	-	pplied For ot Applicable		
Zip	Country	Zip	Cour	ntry	5. Certifica	to of Status Dosired		\$5.00 Ad	ditional	
6. Name and Address of Current Registered Agent					7. Name ar	d Address of Nev	v Registered A	gent		
				Name						
JOH	HNSON, LOUIE B				Street Address (P.O. Box Number is Not Acceptable)					
	31 TRAVIS BOULEVARD		Stroot Address			ber la riot Aecepte				
IAP	MPA FL 33610				· · · · · · · · · · · · · · · · · · ·					
				City			FI	Zip Cod	to do	
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	 named entity submits this statement for tions of registered agent. 	r the purpose of changing its	rogister	ed office or re	gistered agent, or b	oth, in the State of	Florida. I am f	amılıar with	, and accept	
trio obligat	lions or registered agent.									
SIGNATURE .	Signature, lyped or printed name of registered agent s	AlOTI	C D				DATE			
	Signature, typisc of princed harrie of registered agent a				required when reinstating)		DATE			
		1		FEE IS \$50					}	
		Make Check Payabl		-	tment of State					
		Due	e By Ma	sy 1, 2007	1					
9.	MANAGING MEMBEI	RS/MANAGERS	10.			ADDITION	IS/CHANGES			
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undicated	cortify that the information supplied with on this report is true and accurate and	that my signature shall have	the san	ne legal offec	t as if made under	oath: that I am a n	s i Turther cerli nanagina mem	iy inal iho i ber or man	niormation ager of the	
indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under eath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.										